

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
NAME OF PROVIDER OR SUPPLIER WRENETTE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7029 SAN JAN HILL COURT RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on January 30, 2015. DHSR records indicate the home was first licensed on June 24, 2008 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was noted that a new through wall HVAC unit had been installed in Resident Bedroom #3 (Front Right). The sheetrock around the new HVAC unit had been cut and needed to be repaired. Repair, prime and paint to match existing and provide documentation to our office when corrected.	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 2. In the Bathroom off of Residents Bedroom #1(Back Left) The toilet was loose from the floor. Have the toilet reset and tightened to the floor and provide documentation to our office when corrected. 3. In the Dining area there was a hole in the half wall dividing the Dining Room from the Living Room. Have the hole in the sheetrock repaired, primed and painted to match existing and provide documentation to our office when corrected. 4. In the Kitchen area the molding at the base of the Pantry Closet was loose from the floor. Have the molding reattached to the wall/ floor and provide documentation to our office when corrected.	C 174		